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ec'oluma kr RATE NUMBER EXTRA NUMBER FILED TOF TOR BASIC FILE ٠. (37 C 1 7 : 164a) Oik minus 20TOTAL CLAIM 30 (37 CFR ) 16(c): : ) {} INDEPENDENT CLAIMS 100 mmir 3 est CEP 1 lights : OR MULTIPLE DEPENDED I CLAIM PRESENT 137 (41 . 164 TOTAL MAL • If the difference is column 1 + less then zero, enter 70% in column 2 OTHER THAN CLAIMS AS AMENDED - PART II Oik SMALL ENTITY SMALL ENTITY Commets (Column 1. a Column 1) ADDI-ADDI: HIGHEST **CLAIMS** TIONAL. TIONAL RATE PRESENT RATE NUMBER REMAINING EXTRA FEE FEE AMENDMENT PREVIOUSLY AFTER AMENDMENT PAID FOR OR Total Minus OR (37 CFR 1.16(c)) Independent OR Minus (37 CFR 1.1(4b)) ÖR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM TOTAL TOTAL OR ADDIT, FEE ADDIT, FEE e a minus Pa Column L. (Column 1) ADDI-11 ADDI-HIGHEST CLAIMS TIONAL RATE TIONAL RATE PRESENT NUMBER REMAINING FEE FEE : ENTRA PREVIOUSLY AMENDMENT AFTER PAID FOR MENDME AMENDMENT [1-OR Total (37 CFR 1.16(c)) Minus OR OR Independent Minus (37 CFR 1.16(b)) 150 = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (5) CTR (164) OR. TOTAL TOTAL ΟŘ ADDIT, FEE ADDIT, FEE dam eColumn 35 (Column 2) (Column 1) ADDIE ADDI-

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

CLAIMS

REMAINING

AMENDMENT

AFTER

AMENDMENT

Total

(37 CFR 1.16(c))

Independent

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

Minus

Minus

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 3" The "Highest Number Previously Paid For" (Total or Independent) is the highest mamber found in the appropriate box in column 1

HIGHEST

NUMBER

PREVIOUSLY

PAID FOR

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time win vary depending uson the needs of the individual case. Any comments on the amount of time won are required to complete this form should be sent to the Chief Information Officer, U.S. Parent and Frademati Officer, Washington, DC 20231 - DO 5-01 SESD FFES OF COMPLETED FORMS TO THIS ADDPLES. SESD FO. Assistance immediate training Washington, DC 20231 - DO 5-01 SESD FFES OF COMPLETED FORMS TO THIS ADDPLES.

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3